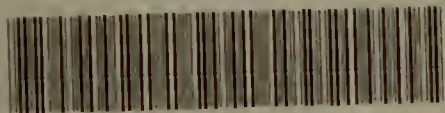


MASS. ED 21.2: y 88/survey

UMASS/AMHERST



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MASS. DEPT. OF EDUCATION
COLLECTION

SEP 23 1991

MASS. DEPT. OF PUBLIC HEALTH
ADULTED DATA

YOUTH RISK BEHAVIOR SURVEY

Dear Student:

We are trying to find the best way to teach teenagers about healthy behaviors. This survey is an opportunity for you to tell us what you do and how you feel. The information you give us will help us to develop programs that will assist high school students like yourself to make healthy choices in life.

Completing this survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

Please do not write your name on this survey or the answer sheet. This is an anonymous survey. The answers you give us will be kept private. No one will know what you write. Answer the questions based on what you really know, feel and do.

Place all your answers on the answer sheet. Fill in the circles completely. If you change your answer, please make sure you completely erase your first answer. When you are finished, place your answer sheet in the box or envelope the person administering the survey has brought.

After completing this survey, a booklet which lists agencies that serve teens on a variety of issues will be handed out to you. If you choose to call any of the phone numbers, you do not need to give your name and all questions will be answered confidentially. In addition, the person administering the survey is here to answer any questions.

Thank you very much for your help.

The Massachusetts Department of Education
The Massachusetts Department of Public Health

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9/2/91

COLUMN 1

INSTRUCTIONS:

Read each question carefully. Fill in the circle on your answer sheet that matches the letter of your answer. CHOOSE THE ONE BEST ANSWER FOR EACH QUESTION.

1. How old were you on your last birthday?
 - a. 12 years old or younger
 - b. 13 years old
 - c. 14 years old
 - d. 15 years old
 - e. 16 years old
 - f. 17 years old
 - g. 18 years old or older
2. What sex are you?
 - a. Female
 - b. Male
3. What grade are you in?
 - a. 9th grade
 - b. 10th grade
 - c. 11th grade
 - d. 12th grade
 - e. Ungraded or other
4. How do you describe yourself?
 - a. White - not Hispanic
 - b. Black - not Hispanic
 - c. Hispanic
 - d. Asian or Pacific Islander
 - e. Native American or Alaskan Native
 - f. Other
5. During the past 30 days, how many times have you been in a car or truck or on a motorcycle driven by someone who was or had been drinking alcohol or using drugs?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

COLUMN 2

6. During the past 30 days, how many times did you drive a car, truck, or motorcycle, while or after drinking alcohol or using drugs?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
7. How often do you wear a seat belt when riding in a car or truck driven by someone else?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
8. How often do you wear a helmet when riding a bicycle?
 - a. I do not ride bicycles
 - b. Never
 - c. Rarely
 - d. Sometimes
 - e. Most of the time
 - f. Always
9. How often do you wear a helmet when riding a motorcycle?
 - a. I do not ride motorcycles
 - b. Never
 - c. Rarely
 - d. Sometimes
 - e. Most of the time
 - f. Always
10. Last summer, during June through August, how many times did you swim or surf with or without friends in an area that was not supervised by an adult or a lifeguard?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

COLUMN 3

11. During the past 30 days, how many times have you carried a weapon, such as a gun, knife, or club for self-protection or because you thought you might need it in a fight?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
12. What kind of weapon did you usually carry?
 - a. I did not carry a weapon
 - b. A handgun
 - c. Other guns such as a rifle or a shotgun
 - d. A knife or a razor
 - e. A club
13. During the past 30 days, how many times have you been in a physical fight in which you or the person you were fighting were injured and had to be treated by a doctor or a nurse?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
14. Who did you fight with the last time you were in a physical fight?
 - a. I have not been in a physical fight
 - b. A stranger
 - c. A friend
 - d. A boyfriend, a girlfriend, or a date
 - e. A family member
 - f. More than one of the above

Some people sometimes feel so depressed and hopeless about the future that they may even consider attempting suicide, that is, taking some action to end their own life.

15. During the past 12 months, have you ever seriously thought about attempting suicide?
 - a. Yes
 - b. No

COLUMN 4

16. During the past 12 months, did you make a specific plan about how you would attempt suicide?
 - a. Yes
 - b. No
17. During the past 12 months, how many times did you actually make a suicide attempt?
 - a. None
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times
18. If you attempted suicide during the past 12 months, did that attempt result in an injury or poisoning that had to be treated by a doctor or a nurse?
 - a. I did not attempt suicide
 - b. Yes
 - c. No
19. Have you ever tried or experimented with cigarette smoking, even a few puffs?
 - a. Yes
 - b. No
20. Do you think that you will smoke a cigarette soon?
 - a. Yes
 - b. No
21. On how many of the past 30 days did you smoke cigarettes?
 - a. I have never smoked cigarettes
 - b. None
 - c. Less than 5 days
 - d. 6 to 15 days
 - e. 16 to 25 days
 - f. More than 25 days
22. On the days that you did smoke, how many cigarettes did you usually smoke?
 - a. I did not smoke cigarettes
 - b. Less than 1 per day
 - c. 1 to 5 cigarettes
 - d. 6 to 10 cigarettes
 - e. 11 to 20 cigarettes
 - f. More than 20 cigarettes

COLUMN 5

23. How old were you when you smoked your first full cigarette?
- a. I have never smoked a full cigarette
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
24. Have you ever tried chewing tobacco or snuff?
- a. Yes
 - b. No
25. On how many of the past 30 days did you use chewing tobacco or snuff?
- a. I have never used chewing tobacco or snuff
 - b. None
 - c. Less than 5 days
 - d. 6 to 15 days
 - e. 16 to 25 days
 - f. More than 25 days
26. On how many of the past 30 days did you smoke a cigarette on the school property?
- a. I do not smoke cigarettes
 - b. None
 - c. Less than 5 days
 - d. 6 to 15 days
 - e. 16 to 25 days
 - f. More than 25 days
27. During your life, on how many occasions did you drink alcohol (including wine, wine coolers, beer, liquor, or mixed drinks)?
- a. I have never drunk alcohol
 - b. 1 or 2 occasions
 - c. 3 to 9 occasions
 - d. 10 to 19 occasions
 - e. 20 to 39 occasions
 - f. 40 to 99 occasions
 - g. 100 or more occasions

COLUMN 6

28. During the past 30 days, on how many occasions did you drink alcohol (including wine, wine coolers, beer, liquor, or mixed drinks?)
- a. I have never drunk alcohol
 - b. None
 - c. 1 or 2 occasions
 - d. 3 to 9 occasions
 - e. 10 to 19 occasions
 - f. 20 to 39 occasions
 - g. 40 or more occasions
29. During the past 30 days, how many times did you have 5 or more drinks on one occasion? (A "drink" is a glass of wine, a wine-cooler, a bottle or can of beer, a shot glass of liquor, or one mixed drink).
- a. I have never drunk alcohol
 - b. None
 - c. 1 time
 - d. 2 times
 - e. 3 to 5 times
 - f. 6 to 9 times
 - g. 10 or more times
30. How old were you when you had your first drink of alcohol (other than a sip?)
- a. I have never drunk alcohol
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
31. During your life, on how many occasions have you used marijuana?
- a. I have never used marijuana
 - b. 1 or 2 occasions
 - c. 3 to 9 occasions
 - d. 10 to 19 occasions
 - e. 20 to 39 occasions
 - f. 40 to 99 occasions
 - g. 100 or more occasions

COLUMN 7

32. During the past 30 days, on how many occasions have you used marijuana?
- a. I have never used marijuana
 - b. None
 - c. 1 or 2 occasions
 - d. 3 to 9 occasions
 - e. 10 to 19 occasions
 - f. 20 to 39 occasions
 - g. 40 or more occasions
33. How old were you when you used marijuana for the first time?
- a. I have never used marijuana
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
34. During your life, on how many occasions have you used cocaine in any form (including powder, crack, or freebase)?
- a. I have never used cocaine in any form
 - b. 1 or 2 occasions
 - c. 3 to 9 occasions
 - d. 10 to 19 occasions
 - e. 20 to 39 occasions
 - f. 40 to 99 occasions
 - g. 100 or more occasions
35. During the past 30 days, on how many occasions have you used cocaine in any form (including powder, crack, or freebase)?
- a. I have never used cocaine in any form
 - b. None
 - c. 1 or 2 occasions
 - d. 3 to 9 occasions
 - e. 10 to 19 occasions
 - f. 20 to 39 occasions
 - g. 40 or more occasions

COLUMN 8

36. How old were you when you used cocaine in any form (including powder, crack, or freebase) for the first time?
- a. I have never used cocaine in any form
 - b. Less than 9 years old
 - c. 9 or 10 years old
 - d. 11 or 12 years old
 - e. 13 or 14 years old
 - f. 15 or 16 years old
 - g. 17 or more years old
37. During your life, on how many occasions have you used the crack or freebase forms of cocaine?
- a. I have never used the crack or freebase forms of cocaine
 - b. 1 or 2 occasions
 - c. 3 to 9 occasions
 - d. 10 to 19 occasions
 - e. 20 to 39 occasions
 - f. 40 to 99 occasions
 - g. 100 or more occasions
38. During your life, on how many occasions have you used any other type of illegal drugs such as LSD, PCP, MDMA, "Ecstasy", mushrooms, speed, or heroin?
- a. I have never used these illegal drugs
 - b. 1 or 2 occasions
 - c. 3 to 9 occasions
 - d. 10 to 19 occasions
 - e. 20 to 39 occasions
 - f. 40 to 99 occasions
 - g. 100 or more occasions
39. During your life, have you ever injected (shot up) any drug not prescribed by a doctor such as steroids, cocaine, amphetamines, or heroin?
- a. Yes
 - b. No
40. Do you think of yourself as:
- a. Too thin (underweight)
 - b. About the right weight
 - c. Too fat (overweight)

COLUMN 9

41. Which of the following are you doing about your weight?
- a. I am not trying to do anything about my weight
 - b. Trying to lose weight
 - c. Trying to keep from gaining any more weight
 - d. Trying to gain more weight
42. Think about all the meals and snacks you ate yesterday. How many servings of green or yellow vegetables did you eat yesterday? (For example, a salad, corn, carrots, or green beans.)
- a. I did not eat vegetables yesterday
 - b. 1 or 2 servings
 - c. 3 or 4 servings
 - d. 5 or 6 servings
 - e. 7 or servings
43. Think about all the meals and snacks you ate yesterday. How many servings of fruits or fruit juice did you have yesterday? (For example, a glass of fruit juice, an apple, or an orange.)
- a. I did not eat fruits yesterday
 - b. 1 or 2 servings
 - c. 3 or 4 servings
 - d. 5 or 6 servings
 - e. 7 or more servings
44. Think about all the meals and snacks you ate yesterday. How many servings of fried foods did you eat yesterday? (For example, french fries, fried chicken, or fried fish.)
- a. I did not eat fried foods yesterday
 - b. 1 or 2 servings
 - c. 3 or 4 servings
 - d. 5 or 6 servings
 - e. 7 or more servings
45. During the past 7 days, how many meals did you skip to try to lose weight or to keep from gaining weight?
- a. None
 - b. 1 or 2 meals
 - c. 3 to 6 meals
 - d. 7 to 14 meals
 - e. 15 or more meals

COLUMN 10

46. During the past 7 days, how many times did you take a diet pill to try to lose weight or to keep from gaining weight?
- a. I have never done this
 - b. I have done this but not in the past 7 days
 - c. 1 or 2 times
 - d. 3 to 6 times
 - e. 7 to 14 times
 - f. 15 or more times
47. During the past 7 days, how many times did you vomit on purpose to try to lose weight or to keep from gaining weight?
- a. I have never done this
 - b. I have done this but not in the past 7 days
 - c. 1 or 2 times
 - d. 3 to 6 times
 - e. 7 to 14 times
 - f. 15 or more times
48. During the past 7 days, how many times did you exercise to try to lose weight or to keep from gaining weight?
- a. I have never done this
 - b. I have done this but not in the past 7 days
 - c. 1 or 2 times
 - d. 3 to 6 times
 - e. 7 to 14 times
 - f. 15 or more times
49. On how many of the past 14 days have you done at least 20 minutes of hard exercise that made you breathe heavily and made your heart beat fast? (For example, playing basketball, jogging, fast dancing, or fast bicycling.)
- a. None
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 8 days
 - e. 9 or more days

COLUMN 11

50. On how many of the past 14 days have you done at least 20 minutes of light exercise that made you breathe a little more than usual and made your heart beat a little faster than usual? (For example, playing baseball, walking, or slow bicycling.)
- a. None
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 8 days
 - e. 9 or more days
51. On how many of the past 14 days did you do any kind of exercise in a place such as a "Y", sports league, dance class, recreational center, or any other community center?
- a. None
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 8 days
 - e. 9 or more days
52. On how many of the past 14 days did you go to a physical education (P.E.) class?
- a. I do not take P.E.
 - b. I take P.E. but did not go to class
 - c. 1 or 2 days
 - d. 3 to 5 days
 - e. 6 to 8 days
 - f. 9 or 10 days
53. On how many of the past 14 days did you do light or hard exercise during physical education (P.E.) classes for at least 20 minutes?
- a. I do not take P.E.
 - b. I take P.E. but did not go to class
 - c. I take P.E. and went to class, but did not get 20 minutes of exercise
 - d. 1 or 2 days
 - e. 3 to 5 days
 - f. 6 to 8 days
 - g. 9 or 10 days
54. During the past 12 months, on how many varsity or junior varsity sports teams did you play at school?
- a. I did not play on a team at school
 - b. 1 team
 - c. 2 teams
 - d. 3 teams
 - e. 4 or more teams

COLUMN 12

55. During the past 14 days, on an average school day, how many hours a day did you watch television and videos or play computer or video games before or after school?
- a. None
 - b. 1 hour or less per day
 - c. More than 1 but less than 3 hours per day
 - d. Between 3 and 4 hours per day
 - e. More than 4 but less than 6 hours per day
 - f. 6 or more hours per day
56. Have you ever been taught about AIDS/HIV infection in school?
- a. Yes
 - b. No
 - c. Not sure
57. Do you know where to get good information about AIDS/HIV infection?
- a. Yes
 - b. No
 - c. Not sure
58. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?
- a. Yes
 - b. No
 - c. Not sure
59. Can a person get AIDS/HIV infection from being bitten by mosquitoes or insects?
- a. Yes
 - b. No
 - c. Not sure
60. Can a person get AIDS/HIV infection from donating blood?
- a. Yes
 - b. No
 - c. Not sure
61. Have you ever had sexual intercourse?
- a. Yes
 - b. No

COLUMN 13

62. With how many persons have you had sexual intercourse in your life?
- a. I have never had sexual intercourse
 - b. 1 person
 - c. 2 persons
 - d. 3 persons
 - e. 4 or more persons
63. During the past 3 months, with how many persons have you had sexual intercourse?
- a. I have never had sexual intercourse
 - b. none
 - c. 1 person
 - d. 2 persons
 - e. 3 persons
 - f. 4 or more persons
64. How old were you the first time you had sexual intercourse?
- a. I have never had sexual intercourse
 - b. Less than 13 years old
 - c. 13 years old
 - d. 14 years old
 - e. 15 years old
 - f. 16 years old
 - g. 17 or more years old
65. The last time you had sexual intercourse, did you or your partner drink alcohol or use drugs?
- a. I have never had sexual intercourse
 - b. Yes, alcohol only
 - c. Yes, drugs only
 - d. Yes, both alcohol and drugs
 - e. Neither alcohol or drugs
66. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy?
- a. I have never had sexual intercourse
 - b. No method was used
 - c. Birth control pills
 - d. Condoms
 - e. Withdrawal
 - f. Another method not listed above
 - g. Not sure

COLUMN 14

67. How many times have you been pregnant or gotten someone pregnant?
- a. I have never been pregnant or gotten someone pregnant
 - b. 1 time
 - c. 2 or more times
 - d. Not sure
68. The last time you had sexual intercourse, did you or your partner use a condom to prevent sexually transmitted diseases such as genital herpes, genital warts, gonorrhea, clap, drip, or AIDS/HIV infection?
- a. I have never had sexual intercourse
 - b. Yes
 - c. No
69. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease such as genital herpes, genital warts, gonorrhea, clap, drip, or AIDS/HIV infection?
- a. Yes
 - b. No
 - c. Not sure
70. Compared to other students in your class, what kind of student would you say you are?
- a. One of the best
 - b. Far above the middle
 - c. A little above the middle
 - d. In the middle
 - e. A little below the middle
 - f. Far below the middle
 - g. Near the bottom

